



August 28, 2019

Federal Communications Commission  
445 12th Street SW  
Washington, DC 20554

**RE: WC Docket No. 18-213. Promoting Telehealth for Low-Income Consumers**

Dear Commissioners,

On behalf of California's 1,330 community health centers (CHCs) and the 7 million patients they serve, the California Primary Care Association (CPCA) appreciates the opportunity to submit comment on the Federal Communications Commission (FCC)'s proposed Connected Care Pilot Program (Pilot program), which would provide \$100 million funding to expand access to connected care technologies to low-income patients and veterans.

Communities across the U.S. continue to experience severe challenges in accessing needed health care due to an inadequate supply of providers or other economic, cultural, or linguistic barriers. To overcome those challenges, health care providers have begun to utilize telehealth that encompasses a variety of technologies to deliver virtual medical, behavioral, dental, and health education services. The provision of telehealth services is especially critical in rural areas, where many residents can face long distances between their home and health care facilities. These distances are greatest for specialized providers, including cardiologists, neurologists, and orthopedics.<sup>1</sup> **Thus, CPCA applauds the FCC' commitment to promoting telehealth for low-income consumers and the investment in this Pilot program, and would like to provide our feedback below for your consideration.**

#### **Summary of Comments**

- CPCA urges the FCC to make funding available to all relevant telehealth services or devices as long as they meaningfully promote telehealth for low-income patients, including funding for end-user devices (Paragraphs 13–18).
- CPCA supports the FCC's approach to not set a fixed number of project or a fixed funding amount per project (Paragraphs 21–25).
- CPCA urges the FCC to ensure CHCs are eligible to participate in this Pilot program; and not to adopt designation or prior telehealth experience requirements (Paragraphs 28–38).

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<sup>1</sup> Mabel C. Ezeonwu, *Specialty-care access for community health clinic patients: processes and barriers*. J. Multidisciplinary HealthCare. Nov, 2018. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5826087/>.

## **Discussion of Comments**

### **Paragraphs 13–18. Define what telehealth services or devices will be eligible for funding**

Telehealth has resulted in better outcomes for patients, making it a crucial tool to deliver comprehensive primary and preventive health care for all populations. However, burdensome regulations associated with telehealth services have resulted in limited cost reimbursements and spotty funding streams for telehealth, which subsequently lead to modest telehealth adoption rate. This Pilot is a grand opportunity for health care providers, especially CHCs to supplement existing funding and optimize telehealth services to patients. In seeking comment on what telehealth services or devices should be eligible for funding, the FCC undoubtedly has concerns and desire to avoid duplication of efforts. However, CPCA would urge the FCC to make funding available to all relevant telehealth services or devices as long as they meaningfully promote telehealth for low-income patients, including funding for end-user devices. CPCA believes that unrestricted funding will allow health care providers to make sound, strategic business decisions in the best interest of their patients; maximize the return on investment; as well as creating a portfolio of case studies pinpointing the true barriers to promoting telehealth.

### **Paragraphs 21–25. Define the number of projects to be funded, as well as scope and duration of potential projects**

Under this proposal, the FCC is considering to not expressly limit the number of funded project and to permit flexible and varied funding for each selected Pilot project. CPCA supports this approach. Not setting a fixed number of projects to be funded will allow the FCC to focus on selecting quality projects, and can provide meaningful data for evaluating the impact of this program. CPCA also supports the FCC's approach to not setting a fixed funding amount per project believing doing so would artificially limit the scope of potential projects and the data collected.

### **Paragraphs 28–38. Define eligible service providers**

CPCA appreciates the FCC's recognition of CHCs and the significant roles they would play in this Pilot program. CHCs serve 1 in 6 Americans living in rural communities, and are increasingly using telehealth to better meet their patients' needs and to overcome persistent clinical workforce shortages. To date, nearly half (46%) of CHCs utilized telehealth for services outside the clinic. For this reason, the FCC must ensure CHCs are eligible to participate in this Pilot program. Additionally, the FCC should consider awarding extra points to FQHC-designated providers in the application process.

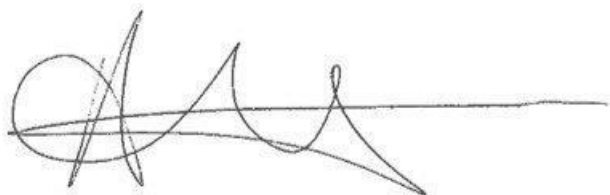
The FCC also seeks comment on whether to require participating health care providers to be designated as Telehealth Resource Centers or Telehealth Centers of Excellence. Designation process has always been and continued to be administratively burdensome and often costly to providers. CPCA and its member CHCs would be wary of such designation requirements given its lack of meaningful attestation to a provider's ability to adopt and promote telehealth.

CPCA believes that experience providing telehealth services should be viewed favorably. However, it should not be a required component of the application or used to exclude providers from participating in this Pilot program.

Again, CPCA appreciates this opportunity to submit comments on the Connected Care Pilot Program. There is a vital need to ensure that all communities have access to connect care technology, especially for the low-income patients that CHCs serve. CPCA looks forward to working with the FCC in the continued development and implementation of this program.

If you have any questions, please contact Trong Le, Associate Director of Policy at (916) 440-8170 or [tle@cpca.org](mailto:tle@cpca.org).

Sincerely,

A handwritten signature in black ink, appearing to read 'Andie', followed by a long horizontal line extending to the right.

Andie Martinez Patterson  
Vice President of Government Affairs  
California Primary Care Association